

UTILITY
PATENT APPLICATION
TRANSMITTAL

Our Docket No.: **169.12-0612**

Date:

First Named Inventor: **Joel D. Limmer**

Title: **SLANTED MOUNTING FOR PRELOAD FLAT
SUSPENSION**

Express Mail No.: **EV 302263419 US**

APPLICATION ELEMENTS

ADDRESS TO:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Calculation Sheet
(Submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status

3. ☒ Specification Total Pages **[14]**
- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed. Sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims
- Abstract of the Disclosure

4. **[4]** Drawings (35 U.S.C. 113) Total Sheets **[4]**

5. ☒ Oath or Declaration Total Pages **[2]**
a. ☒ Newly Executed (original or copy)
b. ☐ Copy from a prior application (37 C.F.R.
1.63(d) - for continuation/divisional with Box 18
completed)

[Mark Box 5 below]

I. ☐ DELETION OF INVENTOR(S)

Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. 1.63(d)(2) and 1.33(b)

6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large
table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission
(*If applicable, all necessary*)
a. ☐ Computer Readable Copy (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies; or
ii. ☐ Paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet &
document(s))
10. ☒ 37 C.F.R. 3.73(b) Submission
☒ Power of Attorney
11. ☐ English Translation Document (*if applicable*)
12. ☒ Information Disclosure Statement with copies of
Citations as necessary
13. ☐ Preliminary Amendment Total Pages ☐
14. ☒ Return Receipt Postcard (*Should be specifically
itemized*)
15. ☐ Certified Copy of Priority document(s) (*If foreign
priority is claimed*)
16. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Application must attach form
PTO/SB/35 or its equivalent
17. ☐ Other

18. If a **CONTINUING APPLICATION** check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of prior Application No.

Prior Application Information: Examiner Group Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

ATTY NAME
AND REG. NO.

David R. Fairbairn
Reg. No. 26,047

SIGNATURE:



ADDRESS

Kinney & Lange, P.A.
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FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Herewith

Joel D. Limmer

Total Amount of Payment \$810.00

Atty. Docket Number

169.12-0612

METHOD OF PAYMENT (Check One)

1. ☒ The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No. 11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed

2. ☒ Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
1001	2001	770	385	<input checked="" type="checkbox"/> Utility Filing Fee
1002	2002	340	170	<input type="checkbox"/> Design Filing Fee
1004	2004	770	385	<input type="checkbox"/> Reissue Filing Fee
1005	2005	160	80	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$770.00

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	19	20	= 0	x *	= 0
Indep.	3	3	= 0	x *	= 0
Multiple Dependent Claims				*	*

**Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Description
1202	2202	18	9	Claims in excess of 20
1201	2201	86	43	Independent claims in excess of 3
1203	2203	290	145	Multiple Dependent Claim
1204	2204	86	43	Reissue Independent Claims Over Original Patent
1205	2205	18	9	Reissue claims in excess of 20 and over original patent

Subtotal (2) \$

FEE CALCULATION (Continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee paid
1051	2051	130	65	Surcharge - Late filing fee or oath	*
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet	*
1053	1053	130	130	Non-English specification	*
1812	1812	2,520	2,520	For Filing a Request for Reexamination	*
1251	2251	110	55	Extension for reply within first month	*
1252	2252	420	210	Extension for reply within second month	*
1253	2253	950	475	Extension for reply within third month	*
1254	2254	1,480	740	Extension for reply within fourth month	*
1255	2255	2,010	1,005	Extension for reply within fifth month	*
1402	2402	330	165	Filing a brief in support of an appeal	*
1403	2403	290	145	Request for oral hearing	*
1814	2814	110	55	Terminal Disclaimer Fee	*
1452	2452	110	55	Petition to revive - unavoidable	*
1453	2453	1,330	665	Petition to revive - unintentional	*
1501	2501	1,330	665	Utility/Reissue issue fee	*
1502	2502	480	240	Design issue fee	*
1460	1460	130	130	Petitions to the Commissioner	*
1807	1807	50	50	Petitions related to provisional applications	*
1806	1806	180	180	Submission of Information Disclosure Statement	*
8021	8021	40	40	Recording each patent assignment per property (times number of properties)	40
1801	2801	770	385	Request for Continued Examination (RCE)	*

Other fee (specify) _____

Subtotal (3) \$40.00

Signature


David R. Fairbairn

Reg. No.

26,047

Date

12/15/03

Deposit Account No.

11-0982